STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Casey Caldwell	RECEIV	Έľ
II. Name of lobbyist's partnership, firm or corporation, if any:	OCT 1 s 20)18
	NEW HAMPSH	HIRE
WellCare Health Plans, Inc. (Name of partnership, firm or corporation)	DEPARTMENT OF	ST
•	FI 22624	
8735 Henderson Road, Ren 1, Floor 2 Tampa Business Address: (Street) (Town/City)	FL 33634 (State) (Zip Code)	
	, ,	
(813) 206-4111 (Fax)	e-mail casey.caldwell@wellcare.com	
III. This statement covers: (Choose one – file separate reports for expense transactions which are not attributable to any expense transactions occurring in the months prior to the reports.)	one client).	for
WellCare Health Plans, Inc.	Anny care realist to the rene may enterm	
(Full Name of Client as it appears on the Lobbyist F	Registration Form)	
<u>OR</u>		
$\ \square$ All reportable transactions by the lobbyist (including the lobbyist's unrelated to any particular client.	family), or the lobbying firm listed below which	are
IV. Date of Report April 25, 2018 Reports cover: activity from date of registration to 3/31/18 activ	July 25, 2018	
October 31, 2018 🔀 activity from 7/1/18 to 9/30/18 acti	January 30, 2019 ☐ vity from 10/1/18 to 12/31/18	
V. There have been no fees received and no reportable trans If this box is checked, complete just this form and submit it to the Secret Concord, NH 03301.		
VI. Check if additional reports are attached:		
If you have received fees or made expenditures, you must file Add	·	
☐ If you have paid an honorarium or reimbursed expenses, you must Expense Reimbursement	file Addendum B— Report of Honorariums or	
\Box If you, your firm, or your family has made political contributions,	you must file Addendum C- Political Contribut	ions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby sand complete to the best of my knowledge and belief.		true
(Signature of lobbyist)		
Casey Caldwell		
(Print Name of lobbyist)		

L E A S E P R T

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

RECEIVED

OCT 1 6 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Casey Caldwell	DEFACTMENT OF
II. Name of lobbyist's partnership, firm or corporation, if any:	
WellCare Health Plans, Inc.	
(Name of partnership, firm or corporation)	
III. Name of Client	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified abo to lobbying, including fees for services such as public advocacy, governme including research, monitoring legislation, and related legal work. The reduced by any expenses:	ent relations, or public relations services
a) Total of all fees received in this reporting period	a) \$0.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar	
c) Total of all fees received to date (Add lines a and b)	c) \$6,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to fees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) during the reporting period for salaries, benefits, support staff, and office individual expenses where the expenditure was of \$25.00 or less (for example, where the cost was \$25.00 or less, purchase of a pen with a value of being lobbied, purchase of a ceremonial object given to a person being lob (c) an itemized statement of each individual expenditure made during this reany purpose not covered by (a) (for example, purchase of a meal with a ceremonial object to be given to the subject of lobbying with a value grestaurant expenses for a legislative reception). Expenses for honorarium contributions will be reported on separate addendums and should not be reported.	ch client and if expenditures are made by rt may be filed for the lobbyist(s)/firm. the aggregate total of all expenses paid e expenses; (b) the aggregate total of all mple: meals purchased during a business f less than \$10 that is given to the person bied with a value of \$25.00 or less); and reporting period of greater than \$25.00 for value of greater than \$25, purchase of a eater than \$25, but not greater than \$50, ms, expense reimbursement, or political

Casey Caldwell

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$2000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0.00

d) Total expenses for this reporting period	d) \$2,000.00
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$12,013.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	lobbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
·	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affin	rm that the foregoing information
is true and complete to the best of my knowledge and belief.	
11, 12111	10/1
(Signature of lobbyist)	(Date)
Casey Caldwell	
(Print Name of lobbyist)	